

SCHEDULE A-P **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6900 / 158338

<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

DONALD J. TRUMP FOR PRESIDENT, INC.

A. Full Name (Last, First, Middle Initial)

CABIGON, MARK, , ,

Mailing Address 4929 HOSTETLER AVE

City

LAS VEGAS

State

NV

Zip Code

89131

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMC LAS VEGAS

Occupation

REGISTERED NURSE

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

50.00

Transaction ID : SA17A.284375

Date of Receipt

M M / D D / Y Y Y Y
10 / 03 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

B. Full Name (Last, First, Middle Initial)

CABIGON, MARK, , ,

Mailing Address 4929 HOSTETLER AVE

City

LAS VEGAS

State

NV

Zip Code

89131

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMC LAS VEGAS

Occupation

REGISTERED NURSE

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

100.00

Transaction ID : SA17A.284376

Date of Receipt

M M / D D / Y Y Y Y
11 / 03 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

C. Full Name (Last, First, Middle Initial)

CABIGON, MARK, , ,

Mailing Address 4929 HOSTETLER AVE

City

LAS VEGAS

State

NV

Zip Code

89131

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMC LAS VEGAS

Occupation

REGISTERED NURSE

Receipt For: 2020

☒

Primary

☐

General

☐

Other (specify) ▼

Election Cycle-to-Date ▼

183.75

Transaction ID : SA17A.284378

Date of Receipt

M M / D D / Y Y Y Y
12 / 03 / 2019

Amount of Each Receipt this Period

50.00

☐ Memo Item

Subtotal Of Receipts This Page (optional).....

150.00

Total This Period (last page this line number only)